

Underground Storage Tank Change of Ownership

Submit to: **Kansas Department of Health and Environment**
Bureau of Environmental Remediation
Storage Tank Section
1000 SW Jackson, Suite 410
Topeka KS 66612-1367 Phone: (785) 296-8061
Fax: (785) 296-6190

For KDHE Use Only: Ownership Change Date: _____ By: _____
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***** YOUR OWNERSHIP CHANGE WILL ONLY BE PROCESSED WHEN KDHE RECEIVES A COPY OF YOUR REAL ESTATE PURCHASE AGREEMENT. *****

KDHE Facility I.D. Number _____

KDHE Facility I.D. Number _____
(Assigned by KDHE)

Please Print Clearly or Type:

I. EXISTING FACILITY INFORMATION

II. NEW FACILITY INFORMATION

Name _____

Name _____

Address _____
(street)

Address _____
(street)

(city) (state) (zip)

(city) (state) (zip)

Number of Underground tanks at this location:

Contact _____ Title _____

Active _____ **and/or Inactive Tanks** _____

Facility Phone #: (_____) _____ - _____

III. EXISTING TANK OWNER INFORMATION

IV. NEW OWNER INFORMATION

Previous Owner I.D. Number _____

Owner I.D. Number _____
(only if the new owner has other facilities)

Name _____

Name _____

Address _____
(street)

Address _____
(street)

(city) (state) (zip)

(city) (state) (zip)

New Owner Type:
State/Local Government _____
Private _____ Federal _____

Contact _____ Title _____

Owner Phone #: (_____) _____ - _____

Will the system be used for purposes of retail sales? Yes _____ **No** _____

OWNER CERTIFICATION: Owners of underground storage tanks must notify KDHE not less than 7 days prior to the transfer of ownership or operational responsibility of storage tanks (K.S.A. 65-34,106 (b)). I certify that the information above is true to the best of my knowledge.

Seller's Signature (Old Owner)

Date

Purchaser's Signature (New Owner)

Date